

### UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

### FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

OMB APP	ROVAL						
OMB Number: 3235-007							
Expires:	May 31, 2005						
Estimated avera	ge burden						
hours per respoi	nse 16.00						

SEC USE	ONLY
Prefix	Serial
DATE RECI	EIVED
1 .	. 1

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)  Membership Units	
Filing Under (Check box(es) that apply):  Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing:  New Filing Amendment	<b>V</b> ULOB
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	152
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  The True Stories Project LLC	(2) 181
Address of Executive Offices (Number and Street, City, State, Zip Code) 615 14th Ave East #302 Seattle, WA 98112	Telephone Number (Including Area Code) 206-356-2373
Address of Principal Business Operations (if different from Executive Offices)  (Number and StrpROCESSED)	Telephone Number (Including Area Code)
Film Production  JUL 22 2004  THOMSON	
Type of Business Organization  corporation  limited partnership, already formed  business trust  limited partnership, to be formed  other (pl	lease specify): Limited Liability Company
Month Year  Actual or Estimated Date of Incorporation or Organization: 0 4 0 4	

#### GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### - ATTENTION --

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

#### A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. ✓ Beneficial Owner Check Box(es) that Apply: Promoter **Executive Officer** Director General and/or Managing Partner Full Name (Last name first, if individual) Emery, Drew Business or Residence Address (Number and Street, City, State, Zip Code) 615 14th Ave East #302 Seattle, WA 98112 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner **Executive Officer** Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner **Executive Officer** Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: **Executive Officer** Promoter Beneficial Owner Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Beneficial Owner **Executive Officer** General and/or Check Box(es) that Apply: Promoter Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Promoter Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

					В. І	NFORMAT	ION ABOU	T OFFERI	NG				
1.	Hac the	iccuer col	d or does t	he iccuer i	ntend to se	ell to non-s	accredited	investors in	this offer	ino?		Yes	No
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									<b>V</b>			
2.	What is the minimum investment that will be accepted from any individual?									\$ <u>5</u> 00	.00		
	· · · · ·									Yes	No		
3.	Does the offering permit joint ownership of a single unit?  Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any												
4.	commis If a pers or state	ssion or sin son to be li s, list the n	ition reques nilar remune sted is an as ame of the b you may s	eration for sociated pe proker or d	solicitation erson or ag ealer. If m	n of purchas ent of a brol ore than fiv	ers in conn ker or deale e (5) perso	ection with er registered ns to be list	sales of se d with the S ed are asso	curities in: SEC and/or	the offering with a sta	g. te	
Ful	l Name (	Last name	first, if ind	ividual)									
Bus	siness or	Residence	Address (N	Number an	d Street, C	ity, State, 2	Zip Code)		<del>,</del> ,,		<del></del>		
Nar	ne of As	sociated B	roker or De	aler								·	
Stat	tes in WI	nich Person	n Listed Ha	s Solicited	or Intend	s to Solicit	Purchasers						
	(Check	"All State	s" or check	individua	l States)		•••••					. 🗌 Al	1 States
	AL	AK	AZ	AR	[CA]	CO	CT	DE	DC	FL	GA	н	ĪD
	IL MT	IN NE SC	IA NV SD	KS NH TN	KY NJ TX	LA NM UT	ME NY VT	MD NC VA	MA ND WA	MI OH WV	MN OK WI	MS OR WY	MO PA PR
-						<u> </u>							
Full	Name (	Last name	first, if ind	ividual)									
Bus	iness or	Residence	Address (1	Number an	d Street, C	City, State, 2	Zip Code)						
Mon	as of Ass	opioted D	roker or De	alar			···						
14411	iic oi Ass										*****		
Stat			Listed Has										
	(Check	"All State:	s" or check	individual	States)	••••••	***************************************			***************************************			l States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL MT	IN NE	IA NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Full	Name (1	Last name	first, if indi	(vidual)					<del></del>			_	
	· ·		·			****						_	
Busi	iness or	Residence	Address (N	Number an	d Street, C	ity, State, 2	Zip Code)						
Nan	ne of Ass	ociated Br	oker or Dea	aler				v				·· <del>·</del>	<del></del>
State	es in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit I	Purchasers			<u> </u>			<del></del> -
	(Check	'All States	or check	individual	States)	••••••		•••••			•••••		States
	AL IL MT	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	;	
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	¢	¢
	Equity		
		<b>a</b>	_ <u>\$</u>
	Common Preferred	_	_
	Convertible Securities (including warrants)		
	Partnership Interests		
	Other (Specify Membership Units		s_10,000
	Total	<u>\$ 120,000</u>	\$ <u>10,000</u>
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors	<u> </u>	\$_2,000
	Non-accredited Investors		\$ 8,000
	Total (for filings under Rule 504 only)	5	s <u>10,000</u>
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		
	<del>-</del>		\$
	Rule 504		\$ 10,000
	Total	····	<u>\$ 10,000</u>
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		<u>\$ 1,500</u>
	Accounting Fees		\$
	Engineering Fees	ليبينا	\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)	اسمسا	\$ 300
	Total		s 1,800

	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C — proceeds to the issuer."	- Question 4.a. This difference is the "adjusted gros	SS	\$ <u>118,200</u>
5.	Indicate below the amount of the adjusted gross preach of the purposes shown. If the amount for a check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Par	ny purpose is not known, furnish an estimate an of the payments listed must equal the adjusted gros	d	
			Payments to	
			Officers, Directors, &	Payments to
		•	Affiliates	Others
	Salaries and fees			_
	Purchase of real estate		. 🔲 \$	\$
	Purchase, rental or leasing and installation of ma and equipment		.┌┐\$	□\$
	Construction or leasing of plant buildings and fac		_	_
	Acquisition of other businesses (including the va offering that may be used in exchange for the ass	lue of securities involved in this ets or securities of another	,	
	issuer pursuant to a merger)		<del></del>	<del>_</del>
			_	
	Working capital			_
	Other (specify):		□ •	
			. 🗆 \$	\$
	Column Totals		\$	\$
	Total Payments Listed (column totals added)		<b> ✓</b> \$ 1	18,200
		D. FEDERAL SIGNATURE		
sigr	issuer has duly caused this notice to be signed by the ature constitutes an undertaking by the issuer to furnished by the issuer to any non-acc	rnish to the U.S. Securities and Exchange Commi	ission, upon writte	
Issi	er (Print or Type)	Signature /	Date /	1 /
Th	e True Stories Project LLC	$ \mathcal{A} $	7/4,	104
Nar	e of Signer (Print or Type)	Title of Ligner (Print or Type)		
Dr	ew Emery	Managing Member		1

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE	
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification  Yes provisions of such rule?	-
	See Appendix, Column 5, for state response.	
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice of D (17 CFR 239.500) at such times as required by state law.	n Form
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished issuer to offerees.	by the
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the U limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the available of this exemption has the burden of establishing that these conditions have been satisfied.	

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature O	Date
The True Stories Project LLC		7/9/04
Name (Print or Type)	Title (Print or Type)	777
Drew Emery	Managing Member	( )

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				AF	PPENDIX	TIGORINA ABBURTURA (TORAK				
1	Intend to non-a investor	to sell accredited s in State a-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		4  Type of investor and amount purchased in State  (Part C-Item 2)			5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL										
AK										
AZ	·									
AR										
CA										
СО										
СТ										
DE										
DC										
FL										
GA										
ні		·								
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IA										
KS										
KY										
LA					~ · · · · · · · · · · · · · · · · · · ·					
ME										
MD										
MA										
MI										
MN										
MS		-	-							

#### APPENDIX 2 3 4 5 1 Disqualification under State ULOE Type of security Intend to sell and aggregate (if yes, attach offering price Type of investor and to non-accredited explanation of amount purchased in State offered in state waiver granted) investors in State (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) (Part B-Item 1) Number of Number of Non-Accredited Accredited State Yes No Investors **Investors** Yes No Amount Amount MO MT NE NVNH NJ NM NY NC ND OH OK OR $\mathbf{P}\mathbf{A}$ RJ SCSD TN TXUT VTVA WA $\overline{\mathbf{V}}$ V Unit \$120,000 1 \$8,000 \$2,000 4 WV

WI

				APP	ENDIX		APPENDED.		
1.	to non-a	d to sell accredited s in State a-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				lification ate ULOE attach ation of granted) -Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY PR							· · · · · · · · · · · · · · · · · · ·		